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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/566,831
Filing Date	Feb. 1, 2006
First Named Inventor	James T. Leach et al
Art Unit	
Examiner Name	
Attorney Docket Number	12,757

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

2675

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

2675

OR

<input type="checkbox"/> Firm or Individual Name	William W. Haefliger				
Address	201 S. Lake Ave., Suite 512				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	James T. Leach		
Date	February 15 - 2008	Telephone	949 496 6516

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/566,831
Filing Date	Feb. 1, 2006
First Named Inventor	James T. Leach et al
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	12,757

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 2675

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: 2675

OR

<input type="checkbox"/> Firm or Individual Name	William W. Haeffiger				
Address	201 S. Lake Ave., Suite 512				
City	Pasadena	State	CA	Zip	91101
Country	USA				
Telephone	323 684-2707	Email	whaeffig@pacbell.net		

I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>James T. Leach</i>	Date	2-15-08
Name	James T. Leach	Telephone	949 496 6516
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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